

Your first name	Initial	Last name	Your SSN or ITIN	P AC A R RP
If joint return, spouse's first name	Initial	Last name	Spouse's SSN or ITIN	
Present home address — number and street, PO Box, rural route, or PMB no.			Apt. no.	
City, town, or post office (If you have a foreign address, (see page 9))		State	ZIP Code	

Prior Name	If you filed your 2005 tax return under a different last name, write the last name only from the 2005 return. <input checked="" type="radio"/> Taxpayer <input type="radio"/> Spouse
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Filing Status	1 <input type="radio"/> Single 2 <input type="radio"/> Married filing jointly. (see page 3) 4 <input type="radio"/> Head of household (with qualifying person). (see page 3) 5 <input type="radio"/> Qualifying widow(er) with dependent child. Enter year spouse died _____.
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Residency	<input type="radio"/> State of residence: Yourself _____ Spouse _____ <input type="radio"/> Dates of California residency: Yourself from _____ to _____ Spouse from _____ to _____ <input type="radio"/> State or country of domicile: Yourself _____ Spouse _____
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Exemptions	6 If someone can claim you (or your spouse) as a dependent, fill in the circle (see page 9). <input checked="" type="radio"/> 6 <input type="radio"/> ► For line 7, line 8, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line. 7 Personal: If you filled in 1 or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2 in the box. If you filled in the circle on line 6, see page 9 7 <input type="checkbox"/> X \$91 = \$ _____ 8 Blind: If you (or your spouse) are visually impaired, enter 1; if both, enter 2 8 <input type="checkbox"/> X \$91 = \$ _____ 10 Dependents: Enter name and relationship. Do not include yourself or your spouse. _____ _____ Total dependent exemptions <input checked="" type="radio"/> 10 <input type="checkbox"/> X \$285 = \$ _____ 11 Exemption amount: Add line 7 through line 10. 11 \$ _____
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Total Taxable Income	12 Total California wages from all your Form(s) W-2, box 16 or CA Sch W-2, line C <input checked="" type="radio"/> 12 _____ 13 Enter federal adjusted gross income from Form 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4; Form 1040NR, line 35; or Form 1040NR-EZ, line 10 13 _____ If the amount on line 13 is more than \$100,000, stop here and use Long Form 540NR. 14 Unemployment compensation and military pay adjustment. (see page 9) <input checked="" type="radio"/> 14 _____ 17 Adjusted gross income from all sources. Subtract line 14 from line 13. <input checked="" type="radio"/> 17 _____ 18 Standard deduction for your filing status. If you filled in the circle on line 6, see page 10. • Single \$3,410 • Married filing jointly, Head of household, or Qualifying widow(er) \$6,820. <input checked="" type="radio"/> 18 _____ 19 Subtract line 18 from line 17. This is your total taxable income . If less than zero, enter -0- 19 _____
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California Taxable Income	20 Tax on the amount shown on line 19 <input checked="" type="radio"/> 20 _____ 21 CA adjusted gross income. Add wages from line 12 and California taxable interest (Form 1099, box 1). Military servicemembers see line 14 instructions, page 9. <input checked="" type="radio"/> 21 _____ 22a CA Standard Deduction Percentage. Divide line 21 by line 17. If more than 1, enter 1.0000 22a _____ 22b CA Prorated Standard Deduction. Multiply line 18 by line 22a 22b _____ 22c CA Taxable Income. Subtract line 22b from line 21. If less than zero, enter -0- <input checked="" type="radio"/> 22c _____ 23 CA Tax Rate. Divide line 20 by line 19 23 _____ 24 CA Tax Before Exemption Credits. Multiply line 22c by line 23. 24 _____ 25 CA Exemption Credit Percentage. Divide line 22c by line 19. If more than 1, enter 1.0000 25 _____ 26 CA Prorated Exemption Credits. Multiply line 11 by line 25 26 _____ 27 CA Regular Tax Before Credits. Subtract line 26 from line 24. If less than zero, enter -0- <input checked="" type="radio"/> 27 _____
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Your name: _____ Your SSN or ITIN: _____

28 Amount from Side 1, line 27 28 _____

Nonrefundable Renter's
Credit/Total Tax

35 Nonrefundable renter's credit. (see page 10) 35 _____

42 Total tax. Subtract line 35 from line 28. 42 _____

Payments

43 California income tax withheld (Form(s) W-2, box 17 or CA Sch W-2, box 17) 43 _____

Overpaid Tax
or Tax Due

54 Overpaid tax. If line 43 is larger than line 42, subtract line 42 from line 43 54 _____

55 Tax due. If line 43 is less than line 42, subtract line 43 from line 42 55 _____

Contributions

Alzheimer's Disease/Related Disorders Fund	57	00	Emergency Food Assistance Program Fund	63	00
CA Fund for Senior Citizens	58	00	CA Peace Officer Memorial Foundation Fund	64	00
Rare and Endangered Species Preservation Program	59	00	CA Military Family Relief Fund	65	00
State Children's Trust Fund for the Prevention of Child Abuse	60	00	Veterans' Quality of Life Fund	66	00
CA Breast Cancer Research Fund	61	00	CA Sexual Violence Victim Services Fund	67	00
CA Firefighters' Memorial Fund	62	00	CA Colorectal Cancer Prevention Fund	68	00
			CA Sea Otter Fund	69	00

70 Add line 57 through line 69. These are your total contributions. 70 _____

Amount You
Owe

71 **AMOUNT YOU OWE.** Add line 55 and line 70. (see page 10) **Do Not Send Cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** 71 _____
Pay Online – Go to our Website at www.ftb.ca.gov

Refund and Direct Deposit

75 **REFUND OR NO AMOUNT DUE.** Subtract line 70 from line 54.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002** 75 _____

Fill in the information to have your refund directly deposited to one or two separate accounts. Do not attach a voided check or a deposit slip (see page 10).
All or portion of total refund (line 75) you want to direct deposit:

☐ Checking ☐ Savings

● Routing number ● Type ● Account number

Remaining portion of total refund (line 75) you want to direct deposit:
☐ Checking ☐ Savings

● Routing number ● Type ● Account number

76 Amount you want to direct deposit

77 Amount you want to direct deposit

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

Your signature

Spouse's signature (if filing jointly, both must sign)

Daytime phone number (optional)

() _____

X

X

Date

Paid Preparer's SSN/PTIN

It is unlawful to
forge a spouse's
signature.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Joint return?
(see page 23)

Firm's name (or yours if self-employed)

Firm's address

FEIN